

United States Bankruptcy Court for the Northern District of California			
Eugene Thomas Wheelock			
Debtor 1	First Name	Middle Name	Last Name
Debtor 2	First Name	Middle Name	Last Name
(Spouse, if filing)			
Case number: 23-50158			

Form 1340 (12/23) (Modified for use in the Northern District of California, US Bankruptcy Court)	
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS	
1. Claim Information For the benefit of the Claimant(s) ¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds. Note: If there are joint Claimants, complete the fields below for both Claimant	
Amount: 372577.86	
Claimant's Name: Eugene Thomas Wheelock <i>Eugene Thomas Wheelock 03/26/2025</i>	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	4133 Alpine Road Portola Valley, California 94028 (650) 302-6286 tom@etwheelocklaw.com
2. Claimant Information Applicant ² represents the following: <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim: </div> <div style="margin-top: 20px;"> <input type="checkbox"/> If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary. </div>	
3. Applicant Information Applicant represents the following: <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant is the Claimant. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator). </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant is a representative of the deceased Claimant's estate. </div>	

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

5. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address: (attach a completed Certificate of Service)

Office of the United States Attorney
Northern District of California
450 Golden Gate Avenue
P.O. Box 36055
San Francisco, CA 94102

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date:

03/26/2025

Signature of Applicant (Hand Sign in Ink)

Eugene Thomas Wheelock *Eugene Thomas Wheelock*

Printed Name of Applicant

Address: 4133 Alpine Road
Portola Valley, California 94028

Telephone: (650) 302-6286

Email: tom@etwheelocklaw.com

6. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date:

Signature of Co-Applicant (if applicable) (Hand Sign in Ink)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone:

Email:

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____

_____ was subscribed and sworn to before

me this _____ day of _____, 20____ by _____

(Print Name of Applicant)

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

(Hand Sign in Ink)

My commission expires:

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____

_____ was subscribed and sworn to before

me this _____ day of _____, 20____ by _____

(Print Name of Co-Applicant)

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

(Hand Sign in Ink)

My commission expires: